## California State Library Library Services and Technology Act (LSTA) Fiscal Year \_\_\_\_\_

## **APPLICATION (LSTA 6)**

Submit in <u>five</u> (5) copies <u>to be received</u> by 4:30 p.m. on the date specified in the LSTA Planning Calendar, to Attn: Jay Cunningham, Library Development Services, California State Library, P.O. Box 942837, Sacramento, CA 94237-0001, for mail. (Non-postal <u>delivery</u>: 900 N Street, Suite 500, Sacramento, CA <u>95814</u>). FAX is not acceptable. INFORMATION: Tel. (916) 653-5217.

1.	Project title:	
2.	Applicant organization/jurisdiction:	
3.	Address:	
4.	Applicant contact:	Phone:
	Address (if different from #3):	
	FAX:	_ E-mail:
5.	District: Assembly State Senat	ee House
6.	Population: Client	Total
7.	Participants other than applicant: (grant recipi	ent signs <u>only</u> on page 11)
	SIGNATURE	LIBRARY/AGENCY
		•
8.	Amount of LSTA requested: \$	<u>IF Continuation</u> : From FY

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9. Project Summary: complete in space provided. BE SURE TO USE 12 POINT TYPE. **State Plan Reference:** 

Project Title:	
Applicant Jurisdiction:	

10.	Budget	Summary	V
10.	Duage	Samma	,

- a. Salaries & Benefits
- b. Library Materials
- c. Operation
- d. Equipment (\$5K+)
- e. Total for Objectives
- f. Indirect Cost
- g. TOTAL

LSTA (1)	Other funds (2)	In-kind (3)	Total (4)

11. Client needs and project goals.

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12. Measurable objectives to reach goals.

13. Project actions in time sequence.

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14. Personnel requirements and staff training.

15. Public relations plan.

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16. Statewide significance.

17. Evaluation.

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Applicant Jurisdiction:

## 18. Methods of continuation:

A. Local

B. Statewide

19.	Pro	ogram budget: LSTA funds requested. (Use extra pages if more than 3 objectives.)				
			***** <u>(</u>	<u>OBJECTIV</u>	<u>ES</u> *****	
	a.	Salaries: list personnel by position title (use pa	(1) art 20. for o	(2)	(3) o explain)	Total (4)
		Benefits: @%				
		SUBTOTAL			_	
	b.	Library Materials: SUBTOTAL				
	c.	Operation: Contracts				
		Equipment (\$5,000 or less)				
		Comp. software				
		Database sub's.				
		Postage				
		Printing				
		Supplies				
		Telecom				
		Travel				
		Other (specify):				
		SUBTOTAL				

Applicant Jurisdiction:

19. Program budget: LSTA funds requested, cont'd.					
	d. Equipment (more than \$5,000)	(1)	(2)	(3)	Total (4)
	SUBTOTAL				
	e. TOTAL FOR OBJECTIVES				
	f. Indirect cost, maximum 10% of line e. TOTAL				
	g. TOTAL LSTA				
	h. Other funds				
	SUBTOTAL				
	i. In-kind				
	SUBTOTAL				
	j. TOTAL PROJECT				

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Applicant Jurisdiction:

20. Narrative support for budget.

## 21. Certification.

A:LSTAAPP6A.001

- a. I affirm that the jurisdiction or agency named below is the legally designated fiscal agent for this program and is authorized to receive and expend funds for the conduct of this program.
- b. I affirm that any or all other agencies participating in the program have agreed to the terms of the application/grant award, and have entered into an agreement(s) concerning the final disposition of equipment, facilities, and materials purchased for this program from the funds awarded for the activities and services described in the attached, as approved and/or as amended, application.

(Signed): Authorized representative (For schools, should be Principal/Supt.)					
(Printed): Name and title					
Organization:					
Street/mail address:					
at.			7770 . 4		
City:	County:		ZIP+4:		
Telephone:		FAX:			
INTERNET E-mail:					